

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	S-Z		08-06-01
O.I.P. E. CLASSIFIER			8-1401
FORMALITY REVIEW	A-S	866	09.20.01
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
Final	
Original	
1	7/6/01
2	7/6/01
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50	7/6/01

Claim	Date
Final	7/6/01
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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BEST AVAILABLE COPY

JC 8/16  
10/2/01